



## David Dickinson Appointed DASA Director

By Doug Porter, Assistant Secretary  
Health and Recovery Services Administration



I am pleased to announce that David Dickinson, a 25-year veteran of substance abuse prevention, treatment and recovery, has accepted the position of Director of the Division of Alcohol and Substance Abuse (DASA). His appointment was effective April 8.

David has been the Director of Addictions and Prevention Services in Kansas since 2006, an organization similar to DASA, and he shares our commitment to data-driven decisions, evidence-based treatment, and integration.

David brings a broad range of experience with addictions and the delivery of substance-abuse treatments. He is a hands-on manager with a strong clinician's background in both addiction and mental health – and he fits well with a substance abuse program recognized as a national model.

David also brings to DASA his experience in developing Kansas' problem gambling program.

David served in a number of counseling positions in California, Oregon and Colorado before he was named outpatient services director at the Drug Abuse Alternatives Center in Santa Rosa, California, where he also worked as outpatient youth services coordinator.

As a West Coast resident for more than 20 years, David was eager to move to the Pacific Northwest, where he and his wife have numerous friends and family. We welcome David and wish him well in his new position.

I also want to recognize John Taylor, who provided excellent leadership as Acting Director during this recruitment. John led the division with distinction in difficult times. He has my heartfelt thanks and admiration for carrying through on his demanding assignment. 🐼

**UPDATE:** HRSA announced in early May that some components of the Mental Health Division would be combined with DASA in a new division, effective June 1. That new division has not yet been named but will be headed by David.

As I noted in that announcement to stakeholders, HRSA has already been moving in this direction. In 2005, medical assistance, mental health and chemical dependency began a new relationship, one that involved integration and shared services. Today, with a new health-care agenda outlined by the Governor and a new DSHS Secretary taking office, we need to look for efficiencies and synergies that will let us do our jobs less expensively and more effectively than before.

We will continue to be interested in your feedback and your assistance as we take these steps. You should continue to deal with your regular contact points here, and we will keep you informed as this new phase at HRSA moves ahead.

### OUR MISSION

Promoting strategies that support healthy lifestyles by preventing the misuse of alcohol, tobacco, and other drugs, and support recovery from the disease of chemical dependency.

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## Do you have a success story or news to share?

Please contact:

**Deb Schnellman, Editor**  
(360) 725-3763  
email: [schneda@dshs.wa.gov](mailto:schneda@dshs.wa.gov)

### Prevention and Treatment Resources

DASA website: [www.dshs.wa.gov/dasa](http://www.dshs.wa.gov/dasa)

Chemical Dependency Professionals:  
<http://www.cdpcertification.org/default.asp>

Alcohol/Drug 24-Hour Helpline:  
1-800-562-1240  
[www.adhl.org](http://www.adhl.org)

Alcohol/Drug Prevention Clearinghouse:  
1-800-662-9111  
<http://clearinghouse.adhl.org>

### DSHS Secretary

Susan Dreyfus

### DASA Director

David Dickinson



FROM THE DIRECTOR

## 2009-2011 Budget, Policy and Organizational Changes

During the 2009 Legislative Session, the Legislature and Governor wrestled with an unprecedented \$9 billion dollar deficit for the 2009-2011 Biennium. Very substantial cuts were made to virtually all parts of state government, K-12 education, and institutions of higher education, with some of the deficit filled in with funds from the federal stimulus package.

The Division of Alcohol and Substance Abuse (DASA) fared relatively well in the budget and legislative process. Time and again, legislators expressed their continuing confidence in the work undertaken by the substance abuse field. Many felt called upon to express their support for funding alcohol and drug treatment to improve public health and safety, reduce medical and psychiatric costs, and lower crime, criminal justice, and incarceration costs in these difficult times. They emphasized that providing quality chemical dependency treatment services was a way to control spending in other parts of the state budget. This is a tribute to the fine work being done by our providers, counties, and tribes in supporting individuals in their recovery from the disease of chemical dependency.

### DASA Budget

- Reduction in Funding for Low-Income Residential, Outpatient, and Detoxification Services – \$12,382,000 was reduced from DASA's budget for low-income services. In the coming weeks, DASA will decide how to apportion these reductions.
- Reduction in Drug Court Support – \$2,087,000 was removed from DASA's budget for support of drug courts. Additional Byrne Grant funding became available under the federal stimulus package to fully replace state drug court support.
- Budget language specifically requires DASA to continue to provide chemical dependency treatment services for adults eligible for Medicaid and those receiving General Assistance-Unemployable (GA-U) who are in need of it. In addition, DASA may contract with the University of Washington and community-based providers for the Parent-Child Assistance Program.
- Reduction in DASA Administration – \$1,074,000 was reduced from DASA's budget for administration, including new hiring, out-of-state travel, personal service contracts, and equipment purchases not related to public safety or other essential activities. An additional \$2,376,000 was removed from DASA's budget as a continuation of the Governor's directed 1% cut initiated in October 2008. 6.6 FTEs are eliminated.

### Other Budget Items of Interest

- Elimination of Funding for Chemical Dependency Professionals (CDPs) in Community Services Offices (CSOs) – \$3,000,000 was reduced from the Department of Social and Health Services (DSHS), Economic Services Administration (ESA) budget that had paid for CDPs to be stationed at CSOs around the state. Referrals for assessment and treatment will now be made by existing CSO staff.
- Reduction in Funding for CDPs to Work with the DSHS Children's Administration, Division of Children and Family Services (DCFS) – \$2,476,000 was removed from the DCFS budget, reducing the number of CDPs working with DCFS for assessment and treatment referral to eight.

2009-2011 Budget *continued on page 3*

- Reduction in Department of Corrections (DOC) Funding as a Result of Increase in Treatment Beds for Those Sentenced Under the Drug Offender Sentencing Alternative (DOSA) – The number of chemical dependency residential treatment beds for those sentenced under DOSA was increased by 115, and DOC funding was reduced by \$3,434,000 to reflect expected savings.
- Reduction in Funding for the Family Policy Council (FPC) – \$3,847,000 was removed from the FPC budget and its associated grant programs with the Community Public Health and Safety Networks. Problems addressed by FPC and the Networks include: child abuse and neglect, youth substance abuse, youth violence, domestic violence, youth suicide, teen pregnancy and male parentage, dropping out of school, and child out-of-home placements.
- Budget language requires Economic Services Administration (ESA) to intensively evaluate GA-U clients who have received benefits for 12 months or more if the evidence indicates clients' medical or incapacity-related condition makes it unlikely they will meet the disability standard for federal Supplementary Security Income benefits.

The evaluation shall identify services needed to minimize or eliminate barriers to employment, including mental health and substance abuse treatment, and vocational rehabilitation services. ESA is required to expedite referrals to these services.

- State Department of Health – Tobacco Prevention and Control Program: Funding was reduced from \$52 million to \$30 million.

### Policy Changes

- **Engrossed SHB 1991** – Relating to Drug Court Funding – 10% of Criminal Justice Treatment Account funds may be spent on the court administration and operating costs.
- **Engrossed SHB 2341** – Relating to Changes in the Basic Health Plan (BHP) Program Necessary to Implement the 2009-2011 Operating Budget – This legislation eliminated the limitation on chemical dependency services, mental health services, and organ transplant services to a combined maximum value of 5% of the BHP benefit package. At the same time, the budget bill reduced the number of individuals enrolled by the subsidized BHP by 40,000.
- **Engrossed SB 5995** – Relating to Eliminating Certain Boards, Committees,

and Commissions and the Transfer of Certain Duties Effective June 30, 2009 – Throughout the Legislative Session, the Governor's government reform efforts called for the elimination of some 200 boards, committees, and commissions during the 2009-2011 Biennium. Included among those slated for elimination was the Citizens Advisory Council on Alcoholism and Drug Addiction (CAC). The final bill, as adopted, does not mark the CAC for elimination.

### Other Action

In February, the Governor eliminated the Governor's Council on Substance Abuse (GCOSA). Established in 1994, GCOSA was created to respond to the significant human, social, and economic costs substance abuse inflicts on individuals, families, and communities in Washington State.

As budget decisions are made, we will do our best to notify those who will be directly affected and provide updated budget information on the DASA website.

Thank you for your continued dedication to providing quality prevention, intervention, treatment and aftercare services to people in need during a challenging time of reduced resources and systems change. 🐼

## Youth See Fewer Alcohol Ads During Final Four

Alcohol ads during college sports reach many underage youth and undermine the positive values that sports contribute to the lives of young people. The Center for Science in the Public Interest (CSPI) is working to eliminate alcohol advertising from college sports, and reports the following progress:

- 12 beer ads ran during this year's Final Four basketball games, compared to 23 beer ads in 2008, almost a 50% reduction.
- In 2008, beer ads were 12% of all ads (23 of 196 ads) during the three 2008 Final Four games. This year beer ads were 7% of all ads (12 of 177). The difference in number of total ads is partly due to last year's lengthy over-time period in the championship game.
- In 2008, the beer category ranked 2nd behind automobiles in the total number of ads. This year, the beer category slipped well below the top five, and the NCAA adhered to its restriction of 120 seconds of alcohol advertising per game.

Currently, 372 schools and 16 conferences have signed a pledge to eliminate alcohol ads from college sports, including Universities in Arizona, Florida, Ohio, Oregon, Minnesota, and Nebraska. For more information, visit [www.BeerFreeSportsTV.org](http://www.BeerFreeSportsTV.org). 🐼





## Most Washington Students Reporting Healthy Choices

The latest survey of Washington students shows most are making good choices about their health. Still, far too many regularly use alcohol, tobacco, and drugs, and engage in other risky behavior.

The 2008 Healthy Youth Survey is taken every two years by more than 210,000 public school students around the state in grades six, eight, 10, and 12. It covers many topics young people face – drug, alcohol, and tobacco use; weapons in schools; gangs; gambling; physical activity; suicide; bullying; and more.

Overall, drug use, alcohol use, tobacco use, and obesity rates haven't changed much since the last survey in 2006. Still, there's cause for concern. Almost one in five 10th-graders reported having five or more drinks in a row at least once in the past two weeks. About one in 10 students in 10th and 12th grades say they used a prescription painkiller to get high.

"Because their brains are still developing, kids who use alcohol and other drugs are at much greater risk for addiction and other problems than adults," said Stan Marshburn, interim secretary of the state Department of Social and Health Services. "It's important for parents to set clear rules, talk with their children starting in elementary school, and keep at it through their teens." Parents can get proven tips online on how to talk with their kids ([www.StartTalkingNow.org](http://www.StartTalkingNow.org)).

Students who use drugs and alcohol often don't do well in school and are more likely to disengage or even drop out. "The results clearly show that negative influences in school hurt grades," said Randy Dorn, state Superintendent of Public Instruction. Depression affects how kids do in class – those feeling depressed were more likely to get Cs, Ds, and Fs than kids who weren't depressed.

The dramatic reductions in teen smoking have leveled off in recent years. Just over 14 percent of 10th-graders report they've smoked a cigarette at least once in the past 30 days. That's about the same as two years ago. The survey results also show that among youth who use tobacco, most use multiple types – such as flavored cigarettes, cigars, or chew – along with cigarettes. Since the Department of Health began its Tobacco Prevention and Control Program in 2000, overall smoking rates among youth have dropped by about half.

The Healthy Youth Survey and fact sheets are online: [http://www.doh.wa.gov/Topics/healthy\\_youth\\_2008/](http://www.doh.wa.gov/Topics/healthy_youth_2008/). Survey results are used to plan, implement, and evaluate youth programs around the state. The survey is a joint effort of the Department of Social and Health Services-Division of Alcohol and Substance Abuse, Department of Health, Office of Superintendent of Public Instruction, Liquor Control Board, Family Policy Council, and the Department of Community, Trade, and Economic Development. 🐼

### Some specific findings of the survey include:

- Among 8th-graders, 41 percent who drink alcohol say they get it from home, and about 24 percent say their parents haven't talked with them about alcohol and its risks.
- Seven percent of 8th- and 10th-graders gambled at least once a month in the past year.
- Fewer students in grades 6, 8, and 12 say they enjoy being at school. About one in five 8th-graders report skipping school in the past month.
- About 8 percent of 8th- and 10th-graders have been a member of a gang during the past year.
- Among 6th-graders who sometimes feel sad or hopeless, about one in four say they do not have or are not sure if they have an adult in their life to talk to when they feel sad.
- About 9 percent of 10th-graders report they tried to commit suicide in the past year, which is a similar rate to recent years.
- About 70 percent of 10th-graders say they always wear a seat belt – similar to 2006.

Got FOCUS?



To continue bringing you useful information in FOCUS, let us know what matters most to you, and the drug prevention and recovery news and successes happening in your community. Send your comments and information to Deb Schnellman at [schneda@dshs.wa.gov](mailto:schneda@dshs.wa.gov).

## Patricia Ike Receives Achievement Awards

By Ella Hanks, DASA Region 2 Administrator

Patricia Ike, Program Director of the Yakama Indian Nation Comprehensive Alcoholism Program was presented with special achievement awards by the Division of Alcohol and Substance Abuse (DASA) and the Yakama Nation Tribal Council.

Patricia's family, friends, staff, and members of the community attended the ceremony held in her honor in April. The DASA Region 2 team presented Patricia with an award, that recognized her leadership, commitment and dedication to the field of Chemical Dependency treatment and prevention.

Stella Washines, Yakama Nation Tribal Council member, also presented Pat with a hand-beaded medallion from the Tribal Council.

Patricia's career as a change agent in the Yakama Nation Alcoholism Program began in the late 1970s. At that time, she taught Alcohol, Drug and Information School and was a certified HIV/AIDS instructor. Patricia completed classes at Yakima Valley Community College and the Northwest Indian College to become certified as a Chemical Dependency counselor.

As a program director, counselor, and teacher, Patricia has worked tirelessly to help others improve their lives. She encouraged her patients to incorporate wellness into their recovery plans long before it was the standard of care.

Beyond her work in chemical dependency treatment and prevention, which she has been recognized for by many



organizations, Patricia has shared her knowledge and wisdom about everything from diabetes to line dancing to supporting people newly diagnosed with cancer. Thank you, Patricia! 🐾

## Naches Valley Students Challenge Alcohol Service at Mat Classic

By Scott Waller

Kathy Taylor, a member of the Naches Valley Community Coalition, was shocked to hear from students returning from the recent state high school wrestling tournament in the Tacoma Dome that alcohol was available for adults in the lounge during the event.

She said, "Congratulations to our young adults who recognized this as the contradiction it is and who were willing to bring it to the table rather than accept it as a "social norm". I see that as our real success... increasing the awareness enough in the kids that they recognized it and were confident enough to question it."

Taylor said, "Training our kids to recognize what shouldn't be, isn't that the real goal... to raise kids that are aware enough, and confident enough to not get sucked into negative influences."

And Taylor did something with the information she received. She contacted the Washington State Liquor Control Board about the alcohol service.

The result? It won't happen again.

In fact, as it turns out, it shouldn't have happened this time. According to Karen McCall, Agency Rules Coordinator for the Washington State Liquor Control Board, WAC 314-16-270 (3) (b) states, "In order to minimize youth access to alcohol, the board may prohibit or restrict the service of alcohol at events

where the attendance is expected to be over thirty percent of persons under twenty-one years of age."

McCall said alcohol was approved for sale because the license was misinterpreted to be for an amateur wrestling event instead of an event for high school athletes and their families. The Tacoma enforcement team has since met with the Tacoma Dome licensee, who agreed not to sell alcohol during the Mat Classic or similar events.

The Naches Valley Community Coalition is part of the Strategic Prevention Framework-State Incentive Grant (SPF-SIG), a federal prevention demonstration project administered in Washington State by the DSHS Division of Alcohol and Substance Abuse. 🐾

Scott Waller is Project Director of the Strategic Prevention Framework – State Incentive Grant (SPF-SIG) project administered by DASA. He can be reached at [wallesb@dshs.wa.gov](mailto:wallesb@dshs.wa.gov) or (360) 725-3782.



# Parenting Wisely: Making it Work in Diverse Communities

By Lauri Turkovsky

Poor family management (or the lack of strong family management) is a risk factor that has been linked by researchers to substance abuse and other risky youth behaviors. Many Strategic Prevention Framework – State Incentive Grant (SPF-SIG) sites have chosen to improve family management in their communities through use of a versatile parenting program called Parenting Wisely (PW).

Most parent education classes require participation in small group, multi-session trainings. However, this approach can present challenges because parents frequently find it difficult to be away from home several nights to attend the classes.

Parenting Wisely allows participants to view nine different video enactments of typical family struggles, from teenagers playing loud music to trouble in school and more. Without sacrificing effectiveness outcomes, the program can be delivered in two convenient ways: using the PW CD-ROM version at a designated location, such as a library or other publicly available computer, or by accessing an online version of the curriculum so a parent doesn't even need to leave home. Individual participants determine the speed that they go through the scenarios. The instruction and tests that serve to model effective and ineffective parenting strategies can be completed in as little as two hours. SPF-SIG communities have implemented the program using a number of different formats and settings:

- The Asotin-Anatone Youth Alcohol Community Coalition, the Youth First! Community Council of unincorporated Pierce County and the Port Angeles Healthy Youth Coalition have purchased online versions of the curriculum. The coalitions each provide a User ID and Password to interested parents so that they go online at anytime of the day or night.
- The Warden Community Coalition has set up four computers with the CD-ROM version of PW in its community center which made the curriculum available days, evenings and weekends.
- Two SPF-SIG communities implement the curriculum in a group format. The Orchard Middle School Community Youth Alcohol Prevention Coalition (Wenatchee) is teaching the curriculum to parents while their children attend Catechism classes at a local church. The parents already have to pick up and drop kids off at the church so asking them to stay for a group version of PW is proving quite successful as participation and attendance rates are high.

The Alcohol, Tobacco, and Other Drugs Committee of the Port Gamble S'Klallam Tribe (PGST) has used the group implemen-

tation model for cultural reasons. Many PGST families live on their reservation where tribal members are more inclined to participate in parent education when it is delivered in a communal way. This offers families, most of whom know each other well and may be related, the opportunity to share a meal and bond with each other around the development or enhancement of critical parenting skills.

In the program, participants view one of the video scenarios and then choose from a list of options representing different levels of effectiveness. Each behavior is portrayed and then critiqued through an interactive question-and-answer session. The in-depth tutorials highlight the parenting skills depicted and give further insight into beneficial behavior. Each session then has a concluding quiz, further engraining the information.

SPF-SIG communities are implementing *Parenting Wisely* using a variety of methods.

Parenting Wisely is designated as a Selective and Indicated curriculum, meaning it's successful in increasing parenting skills in families who are already struggling or who have children who are engaging in risky behaviors. The curriculum's outcomes include:

- Increased knowledge and use of good parenting skills,
- A decrease in child-behavior problems,
- Improved problem-solving, and
- Reduced spousal violence and violence toward their children. Program completion rates for parents ranged from 83%-95%.

Parenting Wisely was developed by Dr. Donald Gordon. Program information available at Family Works, Inc. (740) 593-9505 or [www.familyworksinc.com](http://www.familyworksinc.com). 📺

Lauri Turkovsky is a Technical Assistance Consultant with the Strategic Prevention Framework – State Incentive Grant (SPF-SIG) project administered by DASA. She can be reached at [turkovl@dshs.wa.gov](mailto:turkovl@dshs.wa.gov), (360) 725-3812.



An online video about getting children to do their chores. One of many videos available at [www.familyworksinc.com](http://www.familyworksinc.com).



## Ask Mr. WAC

By Darrel Streets, DASA Region 6 Certification Specialist

In the last issue, we discussed individualized treatment plans. This article will discuss what we do with the treatment plan as the patient moves through treatment. The legal requirements for treatment plans are:

- 1) WAC 388-805-325(11) requires the patient record to contain initial and updated individual treatment plans, including results of the initial assessment and periodic reviews.
- 2) WAC 388-805-005 defines "treatment plan review" as a review of active problems on the patient's individualized treatment plan, the need to address new problems, and patient placement.

### Q: What is an initial treatment plan?

A: An initial treatment plan is one that is placed in the patient record at the beginning of treatment so the patient is focused on resolving a problem right away. Usually, it is a prioritized problem the patient must begin resolving immediately in order to become stable in treatment, such as finding a safe living environment. Effective January 1, 2009, WAC 388-805-620(2) requires an initial individualized treatment plan prior to the patient's participation in outpatient treatment.

### Q: What are updated treatment plans?

A: A treatment plan has been updated when:

- An element of the treatment plan is revised;
- An addition is made;
- The estimated completion date of an approach to resolve the problem has been revised; or
- An approach is documented as completed.

### Q: What is the most common deficiency cited?

A: Individualized treatment planning is the most-cited deficiency. WAC 388-805-325(11) requires initial and updated individual treatment plans, including results of the initial assessment and periodic reviews. Treatment plans are sometimes found to be generic and vague, as opposed to being specific and focused.

### Q: What are periodic reviews?

A: A periodic review is a treatment plan review (TPR). While reviewing patient records during on-site surveys, we find that some programs still use one-size-fits-all, program-driven treatment plans in which all patients complete the same approaches to resolve the same problems. It sometimes appears that the treatment plan was placed in the patient record at the beginning of treatment, never to be seen again until all of the approaches are documented as "completed" on the last day of treatment.

TPRs are required to be conducted once a month in intensive outpatient treatment, and once a month in the first three

months and quarterly thereafter in outpatient treatment.

A TPR documents the patient's progress in treatment by documenting whether or not the patient is completing the approaches. It is best practice to conduct the TPR with the patient present. If the patient is struggling, the treatment plan can be revised to make it more attainable or a new treatment plan can be developed.

### Q: What does "patient placement" have to do with a treatment plan review?

A: A TPR also addresses patient placement. Whether or not it is appropriate to continue treating the patient at the current level of care is determined by conducting a "continued service review (CSR)." The CSR documents one of three American Society of Addiction Medicine (ASAM) continued service criteria: (1) The patient is making progress on their treatment plan but has not finished it; or, (2) The patient has not yet made progress, but has the ability to do so; or, (3) New problems have been identified that can be treated at this level of care.

Since the TPR/CSR is not sent outside the agency, there is no need to re-write the problem statement or the approaches. It can be as simple as, "#1.A completed; still working on B. Continue current LOC." This is "shorthand" for, "Problem number 1: The patient has completed approach A and is still working on approach B. Therefore, the patient needs to stay in the current level of care and continue working on the treatment plan."

Treatment length of stay is determined by patient progress on the treatment plan. If the patient no longer meets these criteria, then the patient must either be transferred to a different level of care or discharged. 🐾

Forward questions for Mr. WAC to Darrel Streets, DASA Region 6 Certification Specialist, by e-mail: [streedr@dshs.wa.gov](mailto:streedr@dshs.wa.gov) or by telephone: (360) 725-3819.

Treatment plan reviews document patient progress.

## Frederick Montgomery Receives 2009 Clinician's Award

Frederick Montgomery, Medical Director of Sundown M Ranch in Yakima, was one of three dedicated individuals recognized by Addiction Professional magazine for their excellence in clinical care.

Dr. Montgomery was quoted as saying "We approach things here in a very basic way that is wonderful. We don't deal with the thinking that says, 'I drink because my wife hates me, or because I have an eating disorder.' We're cognizant of all the other issues, but our approach is, 'You drink because you're an alcoholic. You have a genetic difference, and you've got to stop drinking.'"

To see the full article in Addiction Professional, go to: [www.addictionpro.com](http://www.addictionpro.com). 🐾

# How to Identify, Resolve and Prevent Burnout

By Mary Testa-Smith, DASA Certification Specialist

You might immediately think “burnout” when you hear statements like this:

- “My patients are such liars, I can’t stand running group these days.”
- “I snapped at my son last night for asking for help with his homework.”
- “I was watching some mindless thing on TV and going through a quart of ice cream, but I felt so overwhelmed.”
- “My partner says I’ve become negative and nagging. She’s flat out wrong.”

But what about when you hear these statements?:

- “This is the third time this week I’ve bumped my head on that cabinet. Odd, because it, and I, have been here for years.”
- “My job can’t be done in 40 hours a week, so I’ve been working on Saturdays. Now, even that doesn’t allow me to catch up.”
- “I got totally disoriented on my way home from work the other day. I’ve been making that drive for a year, and can’t figure out what happened.”

Burnout symptoms can include being accident-prone, less productive, or forgetful. How would you know if you, or someone you care about, are burned out?

Christina Maslach, a pioneer in burnout research, has written a number of books that explore this topic. While early burnout literature focused on the flawed professional caretaker, Dr. Maslach focuses attention on burnout as a normal response to a dysfunctional organization. She developed the Maslach Burnout Inventory based on her research findings. It can be accessed without charge at <http://www.mindtools.com/stress/Brn/BurnoutSelfTest.htm>.

Another set of self-examination, self-scoring instruments, which includes a Compassion Fatigue Scale, is available without charge at <http://www.psychink.com/rfiles/PrewkshpScales.doc>. The set includes:

- Compassion Satisfaction/Fatigue Self-Test for Helpers (Stamm, 1998; Figley, 1995)
- Trauma Recovery Scale (Gentry, 1996)
- Silencing Response Scale (Baranowsky, 1998)
- Global Check Set (Baranowsky & Gentry, 1998)

Another site, [http://www.helpguide.org/mental/burnout\\_signs\\_symptoms.htm](http://www.helpguide.org/mental/burnout_signs_symptoms.htm), reviews the relationship between stress and burnout, and lists common causes and coping strategies for burnout in an easy overview format.

Mark Gorkin, MSW, LICSW, has studied stress, burnout, and related issues. His essays, promoting “Practicing Safe Stress,” have been published all over the English-speaking world, and have led to his popular presence on TV, radio, and online. He is effective at describing some of the more subtle manifestations of burnout, and does so with humor and respect. His website with more information and a link to request his free monthly newsletter is <http://www.stressdoc.com/>.

Finally, a New Yorker magazine article, Can’t Get No Satisfaction: In a culture where work can be a religion, burnout is its crisis of faith, reviews research findings, epidemiology, and society’s changing expectations of the workplace. It can be accessed at <http://nymag.com/news/features/24757/>. 🐾

## Reach Out Now Teach-Ins

By Earlyse Swift

One strategy for reaching youth before they try alcohol is to engage 5th- and 6th-grade students in evidence-based prevention activities. The Substance Abuse and Mental Health Services Administration (SAMHSA) and Scholastic Inc. have collaborated to provide school-based, underage alcohol use prevention materials to schools and parents across America. Twenty-one communities in Washington State have signed up to conduct a Teach-in this spring. The goal is to have community leaders present information to students, teachers, parents, and the community about the dangers of underage alcohol use and to encourage young people to make healthy decisions.

The Washington State Coalition to Reduce Underage Drinking (RUaD) encouraged communities to participate as part of their prevention program. Having an elected official, community activist, or other community leader meet with students emphasizes the importance of not drinking and also increases the key leaders’ commitment to keeping young people healthy and safe. 🐾

Earlyse Swift manages the Washington State Coalition to Reduce Underage Drinking. She may be reached at [swifttee@dshs.wa.gov](mailto:swifttee@dshs.wa.gov).

## ATR Makes a Difference for Clark County Man

Dan Smith was born and raised in Ridgefield, Washington. Being out in the country and having one family car, the medication for everything from a sore tooth to a cough was a shot or two of bourbon. When drunk, Dan’s parents were physically and emotionally abusive. He was only four when he first drank alcohol and coffee and smoked his first cigarette.

In school, Dan did not have great grades, and frequently skipped school to smoke marijuana and drink with his friends. Drinking was the norm in his community, which he continued into adulthood. His drinking led to breaking the law, homelessness, and jail.

Over the years, Dan learned everything he could about Alcoholics Anonymous and 12 different treatment centers, yet he continued to drink. When going to outpatient sessions, he would have a bottle of alcohol in his backpack and drink between meetings.

A friend told Dan about Mountain Ministries, where he received help through Washington’s Access to Recovery (ATR) program and is now in recovery.

“Without ATR, I would not have teeth, self-esteem or the freedom of my life back”, said Dan. “Looking back to 15 years ago, I would have never imagined myself alive today. The past is the past, I walk free now.” 🐾



## Sterling Labs Achieves National Certification

By Emilio Vela

Sterling Reference Laboratories (SRL) recently secured the highest standard of certification from the Department of Health and Human Services (HHS) Mandatory Guidelines for Federal Workplace Drug Testing Programs. They are one of only 39 certified laboratories, including three in Canada, with such certification. The HHS laboratory standards for urine drug testing certification were designed to assure federal agencies and their employees that the laboratories and the scientific and methodological procedures used are the highest quality.

The Tacoma-based laboratory has a history of success and customer and employee satisfaction since 1987. SRL is unique, offering customized drug-testing services to meet each customer's needs. They offer their customers real-time, live access to their cadre of scientists for questions about drug-testing.

Success for SRL has been largely due to the self-sacrifice and vision of its four owners, and especially the leadership of scientists Gene Zweigler and Dan Baker. SRL's philosophy is that toxicology testing is about people, and that they "sell a service, not just a test result."

SRL partners with DSHS and other state agencies to offer more cost-effective and efficient services for the treatment community. They work actively to continue to lower the cost of drug screens needed in our state and around the country.

Congratulations to Sterling Reference Laboratories and their staff. For more information visit their website: [www.sterlingreflabs.com](http://www.sterlingreflabs.com). 🐾

## Help Line Reduces Hours

By Robyn Smith

After almost 30 years of service to communities throughout the state of Washington, and more than 700,000 callers, I report with much sadness that the Alcohol/Drug Help Line is no longer a 24-hour service. Due to a severe loss of county funding and the overall economic climate within the social and health services field, we had to make the tough decision on April 1 to reduce our phone service.

Our current hours of operation are 8 a.m. to 10 p.m., which will be posted on our website: [www.adhl.org](http://www.adhl.org). At this time, the Help Line will remain open seven days per week. We hope to once again resume our 24-hour service when additional funding is available. 🐾

Robyn Smith is Deputy Director of the Alcohol/Drug Help Line, and also coordinates the Teen Line. She may be contacted at [teenline@adhl.org](mailto:teenline@adhl.org).



## Staffing Trends in State Chemical Dependency Treatment Facilities

By Felix Rodriguez, Ph.D.,  
Evaluation and Quality Assurance

Every three years, the Division of Alcohol and Substance Abuse (DASA) commissions a statewide survey to help identify disparities in the representation of women, ethnic minorities, people with disabilities, and people with multilingual ability on the staff of certified chemical dependency (CD) treatment facilities in Washington State.

The newest report highlights results from 2006 and describes trends that have emerged over 15 years. Among the findings presented in the report are:

- The proportion of African-American, full-time equivalent (FTE) staff in publicly funded treatment agencies increased from 5.5 percent in 2000 to 8 percent in 2006.
- Overall in 2006, the proportion of minority counselors in publicly funded treatment facilities, 22.1 percent, was lower by 5.3 percentage points than the proportion of minority patients admitted to publicly funded treatment, 27.4 percent.
- The proportion of FTE staff with disabilities in publicly funded treatment facilities declined from over 35 percent in 1991-1997 to about 30 percent in 2000-2006. The survey included staff recovering from chemical dependency in the definition of disability.
- Since 2000, the number of counselors with chemical dependency professional (CDP) certification has declined, while the number of chemical dependency professional trainees (CDPTs) has increased. The number of CDP-certified counselors dropped from 1,272 in 2000 to 1,011 in 2006, a decline of 20.5 percent. The number of CDPTs rose from 286 in 2000 to 528 in 2006, an increase of 84.6 percent.
- In the last 15 years, publicly funded treatment facilities employed proportionately more female administrators: 53.3 percent on average compared to 48 percent in private agencies.

The report, *Staffing Patterns in Washington State Chemical Dependency Treatment Facilities: Trends Over a 15-Year Period*, is available on DASA's website at: <http://www.dshs.wa.gov/pdf/hrsa/dasa/ResearchReports/StaffPatterns1208.pdf>. For more information, contact Felix Rodriguez, Ph.D., at (360) 725-3761 or [rodrifi@dshs.wa.gov](mailto:rodrifi@dshs.wa.gov). 🐾



## Reducing Youth Exposure to Alcohol Marketing

### Longview store owner supports healthy kids

When Brian McCrady, Cowlitz Substance Abuse Coalition Coordinator, noticed that the windows of the Quick Stop convenience store in his neighborhood were covered with large advertisements for alcohol, he wrote a letter to the owner, Charles Lim. In the letter, Brian urged Charles to remove the signs in the windows, explaining that because Robert Gray Elementary was nearby, schoolchildren who passed by every day were exposed to the ads.

McCrady recently went back to the store to see if any alcohol ads had been removed. "I took the follow-up photo yesterday and they have taken down ALL the poster-sized advertising!" said McCrady.

Charles Lim, who has owned the store for two years, took the signs down last summer and does not plan to put them back up. "Only one or two customers look for sales on alcohol, so taking down the signs has not hurt business" said Lim. "Brian explained to us that putting so many alcohol signs in the windows, and having beer for sale right next to the candy, can encourage children and teens to drink", added Lim. "Because of what Brian told us, and because alcohol and other drugs have already caused problems here, we want to help our community."

Congratulations, Brian and Charles, for reducing youth exposure to alcohol. Brian plans to educate other store owners and help create more images of a healthier community. Brian can be reached at [bmccrady@cwco.org](mailto:bmccrady@cwco.org).



LEFT TO RIGHT: Brian McCrady, Charles Lim and Hannah Morgan (youth member of the Cowlitz Substance Abuse Coalition) at the Quick Stop store in Longview.

## Taking Action on Advertising Laws

What are Washington's alcohol advertising laws, and how do I file a complaint?

1. WAC 314-52-015 states that alcohol advertising shall not:
  - Depict anyone under age 21 consuming alcohol
  - Suggest the presence of a child or appeal to a child or teen.
  - Mislead the consumer.
  - Imply that alcohol enhances athletic prowess, or refer to a known athlete.
  - Promote over-consumption.
  - Imply that alcohol has curative or therapeutic effects.
2. Outdoor advertising of alcohol is prohibited near schools, churches, and playfields (WAC 314-52-070).
3. Alcohol advertising is prohibited in K-12 school publications or on radio/television if connected with schools (WAC 314-52-030).

To report a violation or file a complaint, call the Liquor Control Board hotline, 1-888-838-3956, or visit [www.liq.wa.gov/enforcement/report\\_violation.aspx](http://www.liq.wa.gov/enforcement/report_violation.aspx). When reporting, the Liquor Control Board will need the following information:

1. Name and address of the business or location where a potential violation has occurred.
2. Your name, address and phone number if you want to know the results of the Liquor Control Board investigation. Your personal information will not be shared. You may also make anonymous complaints.
3. A description of the alleged violation. For example: A billboard showing young people drinking beer is located at 5th and Main which is within a block of the high school. Students walk by it every day, and school busses pass by when approaching the school.
4. Description of the people involved, if appropriate.

Once a complaint is made, a Liquor Control Officer will investigate within 30 days.

For the complete text of the Washington Administrative Codes for alcohol advertising, go to: [www.leg.wa.gov](http://www.leg.wa.gov), click on the tab Find Laws and Rules at top right, and under WACs, type in 314-52.

## What are voluntary industry codes for alcohol advertising and marketing, and how do I file a complaint?

"The Federal Trade Commissioner has called for strengthening the alcohol industry's placement standard for its advertising from 70% legal-aged audiences to 75%. With numerous long-term studies finding a significant relationship between youth exposure to alcohol advertising and underage drinking, this decision is a step in the right direction to protect our youth."  
— David H. Jernigan, Executive Director, Center on Alcohol Marketing and Youth at Georgetown University

The Beer Institute has an Advertising and Marketing Code for brewers to use when developing radio, television, internet, print, and other advertising materials. The voluntary code is available at [www.beerinstitute.org](http://www.beerinstitute.org). To file a complaint, contact the Beer Institute at 1-800-379-2739 or 122 C Street, NW, Suite 350, Washington, D.C. 20001-2150. You can also contact the brewer directly.

The Distilled Spirits Council of the United States (DISCUS) developed a Code of Responsible Practices for Beverage Alcohol Advertising and Marketing, available at [www.distilledspirits.org](http://www.distilledspirits.org). To file a complaint, contact Lynne Omlie at DISCUS: (202) 682-8824, [lomlie@discus.org](mailto:lomlie@discus.org), or 1250 Eye Street, NW, Suite 400, Washington, DC 20000.

The Wine Institute's advertising code is at: <http://www.wineinstitute.org/initiatives/issuesandpolicy/adcode>.

Complaints may be mailed to Wine Institute, Attn: Advertising Review Group, 425 Market St, Suite 1000 San Francisco, CA 94105.

## How do Washington's alcohol advertising laws compare to other states and best practices?

Research clearly indicates that alcohol marketing has a significant impact on youth decisions to drink. The Center on Alcohol Marketing and Youth (CAMY) has published a state-by-state report of current laws to reduce youth exposure to alcohol advertising, and which are rated as best practices: <http://camy.org/research/files/statelaws0403.pdf>.

Washington earned a best practice rating for laws that ban advertising that portrays children, athletic achievement and intoxication. Washington's laws to restrict ads that are false or misleading, are near playgrounds, schools or churches, or appear in electronic media, were also recognized as having some elements of best practice laws.

## What can be done to strengthen our laws?

The Washington State Liquor Control Board is currently reviewing Chapter 314-52 WAC — Advertising and is inviting public comment. The following are components of effective laws to reduce youth exposure, and are up for discussion:

- Adding a regulation that significantly limits the amount of advertising on the outside and in the immediate vicinity of a retail establishment.
- Adding a regulation that specifically limits the amount of advertising placed on both the inside and outside of windows.
- Prohibiting alcohol sponsorship of events in public venues such as parks, street fairs, government buildings, or at community festivals.
- Prohibiting alcohol advertising in all college media — magazines, newspapers, radio/television programs, and sponsorship of activities.

The Washington State Coalition to Reduce Underage Drinking supports stronger standards to shield youth from alcohol advertising. To voice your opinion about Washington's alcohol advertising laws, send comments by June 15, 2009, to [rules@liq.wa.gov](mailto:rules@liq.wa.gov), or FAX to (360) 664-9689.

To learn more about reducing underage drinking in Washington, visit [www.StartTalkingNow.org](http://www.StartTalkingNow.org). 🌱



## Vision's Art Therapy Program

By Gina Rawson, Administrative Assistant, Sea Mar/Visions

At Visions, we strive to provide a holistic model of intervention that empowers adolescent females to increase self-awareness, make healthier life choices, and reduce the risk of continued substance abuse. One way we achieve this mission is by our Art Therapy Program.

Art Therapy releases emotions and stress in patients. It is not about producing great works of art or great artists, rather its highest purpose is to help patients find a conduit to let go of perfectionism, let their creativity out, allow them to take creative chances and teach them to value process over an end product. Not every patient wants to be an artist or thinks themselves capable of doing art, but every patient can use artistic tools and mediums to express herself and have resulting healing benefits from the creative process.

Art Therapy is a “visual diary” where a patient's art can document their issues and feelings for reflection, and process within themselves and with a counselor. With this program, we aim to offer patients “teachable moments” where treatment issues, negative behaviors and a broad range of their feelings can be addressed.

The patients have multiple opportunities to spend quality time with our art therapist, Amanda Tysowski. Amanda thrives on giving our teens a safe place to practice honesty and willingness. She creates a relaxing space in a stressful time and coordinates art therapy with treatment assignments.

An example of an Art Therapy assignment is our Pathways to Recovery. The patient is instructed to draw the path that led her to Visions and the path she can now take. Another example is the Personal Mandela. This is a circular art form where a patient can express what makes up her life and who she is.

Art Therapy shows patients that art can be fun and healing. It also gives our youth a clean and sober outlet for their feelings and spare time. 🌱





## Prevention Posters Appear in Liquor Stores

New underage drinking prevention posters are prominently displayed in all state liquor stores, encouraging parents to talk with their kids about alcohol.

The Washington State Liquor Control Board (WSLCB) launched the poster campaign in September to reach parents of middle and high school-aged kids. The campaign began in liquor stores, and has grown to include offices of Washington State Patrol, Dept. of Licensing, Attorney General, DASA, and schools and stadiums.

The posters direct parents to StartTalkingNow.org, developed by the Washington State Coalition to Reduce Underage Drinking, where they can find the latest research, tips, and information about preventing underage drinking.

Studies show that when parents talk with their children early and often about the risks of alcohol use, children are less likely to experiment with it.

For more information about the campaign, contact Tony Masias, Alcohol Awareness Program Manager, at [avm@liq.wa.gov](mailto:avm@liq.wa.gov) or (360) 664-1771. 📞

## Okanogan County Gets Therapeutic Housing Project

Okanogan Behavioral Health Care (OKBHC) in Omak has received a \$2 million grant from the Washington State Housing Trust Fund to build the county's first year-round emergency shelter and permanent housing for people with mental illness and drug dependency. The new building will be located next to the clinic.

The 11,500-square-foot building will offer nine apartments and 10 dorm-style rooms to house up to

29 homeless men and women. Residents will receive basic life skills and treatment in a safe, supervised setting, from behavioral health-care staff and other community agencies. State, county and federal programs will help pay the cost of operating the facility. Construction begins in May.

More information about OKBHC can be found at <http://www.okbhc.org>. 📞

**For training details and registration, see DASA's online Training Calendar at <http://www.dshs.wa.gov/dasa/services/training/calendar2009.shtml>.**

## Upcoming Events

Share news about your prevention, intervention, treatment, and aftercare program. If you have events, success stories, announcements, or a policy/advocacy issue you want to write about, e-mail Deb Schnellman at [schneda@dshs.wa.gov](mailto:schneda@dshs.wa.gov), or call (360) 725-3763.



**28-29 CO-OCCURRING DISORDERS AND TREATMENT CONFERENCE**  
**Location:** Yakima Convention Center  
**Theme:** Elements of Success — Sustaining and Maintaining Program Momentum  
 Post-Conference Workshop on October 1.  
 Contact Ruth Leonard at [leonamr@dshs.wa.gov](mailto:leonamr@dshs.wa.gov)



**30-31 WASHINGTON STATE PREVENTION SUMMIT**  
**Location:** Yakima Convention Center  
**Contact:** Sarah Mariani at [mariase@dshs.wa.gov](mailto:mariase@dshs.wa.gov) or (206) 272-2190.  
**For more information visit:**  
<http://casat.unr.edu/dasa/pxsummit>

## Long Beach Youth Are Building Bright Futures

The students in Mrs. Clarke's class at Long Beach Elementary were recognized on March 30th for completing the All Stars program. The students were awarded certificates and t-shirts while enjoying cake and ice cream in celebration of all their hard work and commitment. The local newspaper printed their story and class photo.

All Stars is a 13-week program taught in every 6th-grade class in Pacific County. The program helps youth gain a better understanding of how they can live healthy, full lives. During All Stars, students talk about good judgment, the meaning of commitment and planning for their futures. Young people who have a clear vision of their future also understand that high-risk behaviors like using alcohol and other drugs can interfere with their life goals.

All Stars is sponsored by Pacific County Health and Human Services and the Washington State Division of Alcohol and Substance Abuse. 📞

